

SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
VETERANS EDUCATION AND TRAINING – STATE APPROVING AGENCY

1333 Main Street, Suite 200, Columbia, SC 29201
Voice: (803) 737-2330 Fax: (803) 737-3610

ON-THE-JOB-TRAINING/APPRENTICESHIP PACKET INFORMATION SHEET

The following information describes each form in your Enrollment Packet and tells you who has to complete and/or sign each form.

Memorandum to Participants

Explains procedures for record-keeping, receiving checks, reporting changes, and information concerning the VA's current payment rates. This document should be retained by the Veteran.

VA Form 22-1990 - Application for Benefits

Completed and signed by Veteran if this is the *first time* GI Bill educational benefits have been used.

VA Form 22-1995 - Request for Change of Program or Place of Training

Completed and signed only if Veteran has *previously used* GI Bill educational benefits.

VA Form 21-686e - Declaration of Status of Dependents

Completed only if military service or delayed entry began prior to January 1, 1977.

Verification of Employment Data and Salary and Hours Worked per Month to Date

Must be completed or reviewed by Human Resources/Personnel, Supervisor, or Training Officer.

Preparer/Reviewer will sign.

Veteran will review and sign.

Personal Data Sheet

Veteran will complete and sign.

Trainer/Supervisor/Certifying Official will review and sign.

SAA representative will review and sign.

Training Agreement

Cover is a rough draft copy to be completed by Veteran, Certifying Official and SAA representative.

Veteran, Certifying Official, and SAA representative will sign rough draft.

Data will be keyed and printed on Page 2. Thus, Page 2 is for signatures only.

Certification of Authorization to Review/Release Records/Statement of Responsibility

Signed and dated by veteran.

Training Outline

Specifies length of training, Department of Labor codes and standards, and training specific to the establishment.

Serves as the basis for activities listed in the "Description" column of the Attendance and Progress Reports. If included in this packet, this form should be retained by the veteran.

Attendance and Progress Reports

Form should be completed for each month following the initial enrollment period in the OJT/APP program, signed by the Veteran and Trainer/Supervisor, and placed on file with the Certifying Official. Includes an example of a completed form and blanks to be used for each month following the initial enrollment period. (May be copied as necessary.)

In addition to the forms listed, you should also include:

- Copy 4 of your DD Form 214 or a Notice of Basic Eligibility (NOBE), and
- A voided check or deposit slip.

(Note: Enrollments can be backdated up to one year. Time beyond one year can not be certified.)

-MEMORANDUM

FROM: Veterans Education and Training Coordinator
SC State Approving Agency (SAA)
SC Commission on Higher Education

TO: On-the-Job Training (OJT)/Apprenticeship Claimants

SUBJECT: US Department of Veterans Affairs (VA) OJT/Apprenticeship Program

We are happy that you are interested in participating in a VA OJT or Apprenticeship program. You must be currently eligible for a GI Bill or a VA Dependents' Educational Assistance program to participate.

Enclosed is an OJT/Apprenticeship enrollment packet for you to complete and turn in to the Training Officer/VA Certifying Official at your place of employment. The Information Sheet describes each form in the packet and guides you in completing the forms that apply to you. The VA Certifying Official at your place of employment will need to complete some of the forms as well. The packet should then be forwarded to our office for processing.

The following frequently asked questions and answers should enable you to better understand how the program can work for you:

1. AFTER COMPLETING AND SUBMITTING MY ENROLLMENT PACKET, WHAT ARE MY RESPONSIBILITIES?

Each packet contains a supply of Attendance and Progress Reports. Instructions for completing these forms are included with your enrollment packet. You are responsible for completing one of these reports for every month that you have worked since you applied for enrollment. You must record the number of hours you worked in each major part of the training outline on a daily basis. Be sure to record your current wage and the effective date in the spaces provided at the top of each form.

Once you have completed and signed the Attendance and Progress Report, you are responsible for giving the report to the VA Certifying Official at your place of employment every month. Please note that our agency conducts annual reviews at all OJT/Apprenticeship facilities and may require suspension of your VA OJT/Apprenticeship program if you fail to complete and turn in the Attendance and Progress Report on a monthly basis.

2. HOW WILL I KNOW WHEN MY PAPERWORK HAS BEEN APPROVED AND FORWARDED TO THE US DEPARTMENT OF VETERANS AFFAIRS (VA) IN DECATUR, GA?

Our office will mail a copy of the Training Agreement and Training Outline to you on the same day that we send the packet to the VA. Our office will also mail a copy of your enrollment packet to the VA Certifying Official at your place of employment.

3. WHEN WILL I RECEIVE A VA CHECK?

The OJT/Apprenticeship process is slow. Most VA Education programs are electronically processed; however, most OJT/Apprenticeship claims are processed manually by a "hard copy team" at the VA Service Center in Decatur, Ga. Usually, OJT/Apprenticeship participants will have correspondence from the VA within 120 days of the date the VA received their paperwork.

4. WHAT SHOULD I DO IF I HAVE NOT HEARD ANYTHING FROM THE VA WITHIN 120 DAYS?

10. *WHAT IF I LEAVE MY CURRENT JOB BEFORE THE END OF MY VA PROGRAM?*

The Certifying Official at your place of employment must complete a Termination Form to stop the program. If you accept a job at another establishment, feel free to inquire about another OJT/Apprenticeship program.

11. *WHAT IF I AM PROMOTED BEFORE I COMPLETE MY VA PROGRAM?*

The Certifying Official at your place of employment must stop your VA program by completing a Termination Form. If your new job requires training in skills that you have not acquired, you should inquire about enrolling in another OJT/Apprenticeship program.

Feel free to contact this office if you have additional questions. We may be reached at:

South Carolina Commission on Higher Education
South Carolina State Approving Agency
1333 Main Street, Suite 200
Columbia, SC 29201
Phone: (803) 737-2330
Fax: (803) 737-3610

**APPLICATION FOR VA EDUCATION BENEFITS
(VA FORM 22-1990)**

Use this form to apply for educational assistance under the following benefit programs:

- Post-9/11 GI Bill chapter 33 of title 38, U.S. Code
- Montgomery GI Bill (MGIB) chapter 30 of title 38, U.S. Code
- Montgomery GI Bill - Selected Reserve (MGIB-SR) chapter 1606 of title 10, U.S. Code
- Reserve Educational Assistance Program (REAP) chapter 1607 of title 10, U.S. Code
- Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) chapter 32 of title 38, U.S. Code, or section 903 of Public Law 96-342

**INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE APPLICATION FOR VA EDUCATION BENEFITS**

Do not use this form to apply for Vocational Rehabilitation and Employment benefits (chapter 31 of title 38, U.S. Code), Dependents Educational Assistance benefits (chapter 35 of title 38, U.S. Code), Transfer of Entitlement, or National Call to Service (section 510 of title 10, U.S. Code). These benefits require different application forms that can be completed on-line and printed at www.va.gov/vaforms or can be obtained from the nearest VA regional office. They may also be available where you received this application.

INTERNET VERSION AVAILABLE - You may complete and submit this application on-line at www.gibill.va.gov. Click "Apply On Line" and select the "Education" option.

VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP AVAILABLE - If you need help planning your individual educational and career goals, VA offers a wide range of counseling services to help you make these decisions. Services include educational and vocational guidance and such testing as necessary for you to develop a greater understanding of your skills, talents, and interests. For further information on VA counseling, call VA toll-free at 1-888-GI-BILL-1 (1-888-442-4551) or TDD at (800) 829-4833.

NOTE: The numbers on the instructions match the item numbers on the application. Items not mentioned are self-explanatory.

Part II

(This section provides an overview of the general eligibility requirements for various education programs. Additional requirements not listed on this form may be necessary.)

ITEM 9A. You may be eligible for benefits under the Post-9/11 GI Bill, also referred to as chapter 33, if you served at least 90 aggregate days on active duty (excluding entry level and skill training) after September 10, 2001. You may also qualify if you were discharged due to a service-connected disability after serving at least 30 continuous days on active duty after September 10, 2001.

ITEM 9B. You may be eligible for the Montgomery GI Bill, also referred to as MGIB or chapter 30, if you served on active duty and meet certain conditions. **NOTE:** You do not have to be on active duty to apply for benefits under this program. You must meet any one of the following conditions (there are additional requirements):

You first entered service on or after July 1, 1985, and you didn't decline this benefit at your initial entry into service

OR

You entered service (or agreed to delayed entry) before January 1, 1977, and you have educational assistance entitlement remaining under the Vietnam Era GI Bill (also known as "chapter 34")

OR

You were voluntarily separated under the Voluntary Separation Incentive (VSI) or Special Separation Benefit (SSB) programs and had your military pay reduced by \$1,200

OR

You were involuntarily separated from active duty after February 2, 1991,

OR

You were on active duty and a participant in the Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) program on or before October 9, 1996, or you first entered the National Guard under title 32, U.S. Code, between July 1, 1985, and November 28, 1989, you elected chapter 30 benefits between October 9, 1996, and October 8, 1997, and you paid \$1,200

OR

You were on active duty and eligible for VEAP benefits on October 9, 1996, you elected chapter 30 benefits between November 1, 2000, and October 31, 2001, and you paid \$2,700.

ITEM 9C. You may be eligible for the Montgomery GI Bill - Selected Reserve Educational Assistance Program, also known as MGIB-SR or chapter 1606, if you are a member of the Selected Reserve and meet certain requirements, including a 6-year commitment. (The Departments of Defense and Homeland Security determine eligibility for this program.)

To expedite processing, attach a copy of your DD 2384, Selected Reserve Educational Assistance Program (GI BILL) Notice of Basic Eligibility. This form is also called a "NOBE." Your reserve unit should have issued this notice to you when you became eligible for the Montgomery GI Bill - Selected Reserve Educational Assistance Program. If you are unable to locate your copy, request a duplicate from your reserve unit.

ITEM 9D. You may be eligible for benefits under the Reserve Educational Assistance Program (REAP), also known as chapter 1607, if you are a member of the Ready Reserve and were called or ordered to active service to support a contingency operation for at least 90 consecutive days on or after September 11, 2001. (The Department of Defense and Homeland Security determine eligibility for this program.)

Attach a copy of any notice of eligibility to this program that you have received from your service component. Also, attach a copy of your orders showing you were called up to active service. If you do not have a copy of your orders, request a duplicate from your unit.

ITEM 9E. You may be eligible for benefits under the Post-Vietnam Era Veterans' Educational Assistance Program (VEAP), also known as Chapter 32, if your service began on or after January 1, 1977, and before July 1, 1985, and you contributed to a VEAP account.

You may be eligible for benefits under the Post-Vietnam Era Non-Contributory Veterans' Educational Assistance Program, also known as "Non-Contributory VEAP" or Section 903, if your service began on or after November 30, 1980, and before October 1, 1981, and your branch of service paid contributions into your VEAP account.

ITEM 9F. If you are eligible for MGIB, MGIB-SR, OR REAP, you must elect to give up eligibility under the program for which you are eligible in order to receive benefits under the Post-9/11 GI Bill (chapter 33). If you are eligible for more than one of the programs listed (MGIB, MGIB-SR, and REAP), you are only required to give up one of the programs for which you are eligible in order to receive benefits under the Post-9/11 GI Bill. You may not receive more than a total of 48 months of benefits under two or more programs. If you elect chapter 33 in lieu of chapter 30, your months of entitlement under chapter 33 will be limited to the number of months of entitlement remaining under chapter 30 on the effective date of your election. However, if you completely exhaust your entitlement under chapter 30 before the effective date of your chapter 33 election, you may receive up to 12 additional months of benefits under chapter 33. If you wish to elect to receive benefits under the Post-9/11 GI Bill, check the box next to the program (only check one box) you are giving up.

NOTE: An election to give up benefits under an existing program and receive benefits under the Post-9/11 GI Bill is **IRREVOCABLE**. You should carefully consider your decision before completing this section. If you need more information to make a choice, you should visit our website at www.gibill.va.gov or call our toll-free customer service number at 1-888-GIBILL-1 (1-888-442-4551).

PART III

ITEM 10A. Self explanatory, except for the following items:

"Vocational Flight Training." You must already have a private pilot's license. If you are taking an Airline Transport Pilot course, you must have a valid first-class medical certificate on the date that you enter training. For all other flight courses, you must have a valid second-class medical certificate on the date that you enter training.

"National Test Reimbursement." You can be reimbursed for the cost of approved tests for admission to, or credit at, institutions of higher learning.

"Licensing or Certification Test Reimbursement." A licensing test is a test offered by a state, local, or federal agency that is required by law to practice an occupation. A certification test is a test designed to provide affirmation of an individual's qualifications in a specific occupation. Examples include EMT, CPA, MCSE, CCNP, etc.

"Tuition Assistance Top-Up." This benefit is payable only under MGIB and the Post-9/11 GI Bill programs. You can receive benefits to pay you for the difference between what the military pays with Tuition Assistance (TA) and the total costs of these courses.

PART VIII

QUESTIONS ARE ONLY FOR APPLICANTS WHOSE SERVICE BEGAN BEFORE JANUARY 1, 1977, (or delayed entry before January 2, 1978). If you are currently married or if you have children under age 18 (under age 23 if in school), you should complete and return VA Form 21-686c. If your children are in school, you should also complete and return VA Form 21-674 for each child. If your parent(s) are dependent on you for financial support, you should complete and return VA Form 21-509. These forms may require additional documentation. VA cannot pay any additional benefits for dependents without properly completed forms and documentation. You can find VA forms 21-686c, 21-674, and 21-509 on-line at www.va.gov/vaforms.

ADDITIONAL HELP

If you need more help in completing this application, call VA TOLL FREE at 1-888-GI-BILL-1 (1-888-442-4551). If you are hearing impaired, call us toll-free at 1-800-829-4833. You can also get education assistance after normal business hours at our education Internet site www.gibill.va.gov.

HOW TO FILE YOUR CLAIM

Be sure to do the following:

(A) If you have selected a school or training establishment:

Step 1: Mail the completed application to the VA Regional Processing Office for the region of that school's physical address. See next page for the addresses of these VA Regional Processing Offices.

Step 2: Tell the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to send your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.

Step 3: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

(B) If you haven't selected a school or training establishment:

Step 1: Mail the completed application to the VA Regional Processing Office for the region of your home address. See next page for the addresses of these VA Regional Processing Offices.

Step 2: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

**Eastern Region:
VA Regional Office
P. O. Box 4616
Buffalo, NY 14240-4616**

Serves the following states:

CT	DE	DC	ME
MD	MA	NH	NJ
NY	OH	PA	RI
VT	VA	WV	Foreign Schools

**Central Region:
VA Regional Office
P. O. Box 66830
St. Louis, MO 63166-6830**

Serves the following states:

CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
SD	TN	WI	WY

**Western Region:
VA Regional Office
P. O. Box 8888
Muskogee, OK 74402-8888**

Serves the following states:

AK	AR	AZ	CA
HI	ID	LA	NM
NV	OK	OR	PHILIPPINES
TX	UT	WA	GUAM

APO/FPO AP

**Southern Region:
VA Regional Office
P. O. Box 100022
Decatur, GA 30031-7022**

Serves the following states:

AL	FL	GA	MS
NC	PR	SC	US Virgin Islands

APO/FPO AA

Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations, section 1.576 for routine uses (e.g., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law enacted before January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine your eligibility for education benefits (38 U.S.C. 3471). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB (Office of Management and Budget) control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

1. SOCIAL SECURITY NUMBER OF APPLICANT

2. SEX OF APPLICANT

☐ MALE ☐ FEMALE

3. APPLICANT'S DATE OF BIRTH	
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Month Day Year

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4. NAME (First, Middle Initial, Last)

5. APPLICANT'S ADDRESS

Number and Street																								
															Apt./Unit Number									
City, State, ZIP Code																								

6A. APPLICANT'S TELEPHONE NUMBERS (Include Area Code)

Primary:

 Secondary:

6B. APPLICANT'S E-MAIL ADDRESS (If applicable)

[illegible]

7. DIRECT DEPOSIT (Attach a voided personal check or provide the following information. Direct Deposit is not available for VEAP)

[illegible]

8. PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED

A. NAME	B. ADDRESS	C. PHONE NUMBER

PART II - EDUCATION BENEFIT BEING APPLIED FOR - See instructions for benefit eligibility criteria

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 9A. Chapter 33 - Post-9/11 GI Bill (Complete 9F if you are eligible for chapter 30, chapter 1606, or chapter 1607) |
| <input type="checkbox"/> | 9B. Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB) |
| <input type="checkbox"/> | 9C. Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR) |
| <input type="checkbox"/> | 9D. Chapter 1607 - Reserve Educational Assistance Program (REAP) |
| <input type="checkbox"/> | 9E. Chapter 32 or Section 903 - Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) |
| <input type="checkbox"/> | 9F. Chapter 33 Election (Complete only if this is your first request for chapter 33 and you are eligible for one of the benefits listed below) |

- I may not receive more than a total of 48 months of benefits under two or more programs.
- If electing chapter 33 in lieu of chapter 30, my months of entitlement under chapter 33 will be limited to the number of months of entitlement remaining under chapter 30 on the effective date of my election. However, if I completely exhaust my entitlement under chapter 30 before the effective date of my chapter 33 election, I may receive up to 12 additional months of benefits under chapter 33.
- My election is *irrevocable* and may not be changed.

I elect to receive chapter 33 education benefits in lieu of the education benefit checked below, effective _____
 I understand that my election is irrevocable and may not be changed. (Check only one) _____ (date)

- ☐ Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB)
- ☐ Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR)
- ☐ Chapter 1607 - Reserve Educational Assistance Program (REAP)

PART III - TYPE AND PROGRAM OF EDUCATION OR TRAINING

10A. TYPE OF EDUCATION OR TRAINING (See instructions for additional information)

- ☐ COLLEGE OR OTHER SCHOOL (Including on-line courses)
☐ VOCATIONAL FLIGHT TRAINING
☐ NATIONAL TEST REIMBURSEMENT (SAT, CLEP, ETC.)
☐ LICENSING OR CERTIFICATION TEST REIMBURSEMENT
 (MCSE, CCNA, EMT, NCLEX, ETC.)
- ☐ APPRENTICESHIP OR ON-THE-JOB
☐ CORRESPONDENCE
☐ TUITION ASSISTANCE TOP-UP
(Chapters 30 & 33 only)

VA DATE STAMP
(Do Not Write In This Space)

SOCIAL SECURITY NUMBER OF APPLICANT

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10B. PROVIDE THE FULL NAME AND ADDRESS OF THE SCHOOL, IF KNOWN (Skip this item if you are only applying for National Test Reimbursement, Licensing and Certification Test Reimbursement, or Tuition Assistance Top-Up)

10C. PLEASE SPECIFY YOUR EDUCATIONAL OR CAREER OBJECTIVE, IF KNOWN (e.g. Bachelor of Arts in Accounting, welding certificate, police officer, etc.)

PART IV - SERVICE INFORMATION

NOTE: It will help VA process your claim if you send a copy of the following:

- DD Form 214 (Member 4) for all periods of active duty service
- DD Form 2384, Notice of Basic Eligibility (NOBE) if applying for Chapter 1606
- Copies of orders if activated from the guard/reserves

11. ARE YOU NOW ON ACTIVE DUTY? (Do not check "Yes" if you are currently on drilling status in the the Selected Reserve, or if you are on active duty for training)

☐ YES ☐ NO

12. ARE YOU NOW ON TERMINAL LEAVE JUST BEFORE DISCHARGE?

☐ YES ☐ NO (Please provide a copy of your DD Form 214 (Member 4) when issued)

13. PLEASE COMPLETE THE FOLLOWING FOR EACH PERIOD OF MILITARY SERVICE

A. DATE ENTERED	B. DATE SEPARATED	C. SERVICE COMPONENT (USN, USAF, USAR, ARNG, ETC.)	D. SERVICE STATUS (Active duty, drilling reservist, IRR, etc.)	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD?
1/26/2000	9/24/2004	USMC (EXAMPLE)	ACTIVE DUTY	NO
1/18/2005	8/14/2007	USMCR	DRILLING	N/A
8/15/2007	Present	USMC	ACTIVE DUTY	YES

PART V - EDUCATION AND EMPLOYMENT INFORMATION

14A. DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes" provide date)

☐ YES DATE: _____ ☐ NO

14B. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? (If "Yes," specify each certificate in Part IX, Remarks)

☐ YES ☐ NO

14C. EDUCATION AFTER HIGH SCHOOL (Including apprenticeship, on-the-job training, and flight training)

NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER	DATES OF TRAINING		NUMBER AND TYPE OF HOURS (Semester, Quarter, or Clock)	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			

14D. EMPLOYMENT (Only complete if you held a license or journeyman rating to practice a profession)

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBERS OF MONTHS WORKED	LICENSE OR RATING
BEFORE MILITARY SERVICE			
AFTER MILITARY SERVICE			

PART VI - ENTITLEMENT TO AND USAGE OF ADDITIONAL TYPES OF ASSISTANCE

15. DID YOU MAKE ADDITIONAL CONTRIBUTIONS (UP TO \$600.00) TO INCREASE THE AMOUNT OF YOUR MONTHLY BENEFITS? IF "YES," IT WILL HELP VA PROCESS YOUR CLAIM IF YOU SUBMIT ANY EVIDENCE YOU HAVE TO SUPPORT YOUR CLAIM (e.g., cash collection voucher, leave and earnings statement(s), receipt voucher, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. DO YOU QUALIFY FOR A KICKER (sometimes called a "College Fund") BASED ON YOUR MILITARY SERVICE? (Kickers are additional amounts contributed by DOD to an education fund). If you qualify for a kicker, it will help VA process your claim if you submit a copy of the kicker contract. Reserve kicker contracts must include the amount and effective date	ACTIVE DUTY KICKER <input type="checkbox"/> YES <input type="checkbox"/> NO RESERVE KICKER <input type="checkbox"/> YES <input type="checkbox"/> NO
17. IF YOU GRADUATED FROM A MILITARY SERVICE ACADEMY, SPECIFY THE YEAR YOU GRADUATED AND RECEIVED YOUR COMMISSION	Graduation Year
18. WERE YOU COMMISSIONED AS THE RESULT OF A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP? If you received your commission through a non-scholarship program, check "No." If "Yes," provide the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance (stipend). Scholarship Amounts: Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date of Commission _____
19. ARE YOU CURRENTLY PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM THAT PAYS FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER SECTION 2107 OF TITLE 10, U.S. CODE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. IF YOU HAD A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, CHECK "YES". SHOW THE PERIOD OF ACTIVE DUTY THAT THE MILITARY CONSIDERS AS BEING USED FOR THE PURPOSES OF REPAYING THIS EDUCATION LOAN IN PART IX "REMARKS".	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. FOR ACTIVE DUTY CLAIMANTS ONLY: ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (INCLUDING BUT NOT LIMITED TO FEDERAL TUITION ASSISTANCE) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO THE VA FOR EDUCATION BENEFITS? IF YOU RECEIVE SUCH BENEFITS DURING ANY PART OF YOUR TRAINING, CHECK "YES." NOTE: IF YOU ARE ONLY APPLYING FOR TUITION ASSISTANCE TOP-UP, CHECK NO IN THIS ITEM.	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. FOR CIVILIAN EMPLOYEES OF THE U.S. GOVERNMENT ONLY: ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (INCLUDING, BUT NOT LIMITED TO, THE GOVERNMENT EMPLOYEES TRAINING ACT) FROM YOUR AGENCY FOR THE SAME PERIOD FOR WHICH YOU HAVE APPLIED TO THE VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS DURING ANY PART OF YOUR TRAINING, CHECK "YES."	<input type="checkbox"/> YES <input type="checkbox"/> NO

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PART VII - INFORMATION ON VA EDUCATION BENEFITS

NOTE: The most current information on VA education benefits is available online at www.gibill.va.gov
If you would like to receive a printed pamphlet check here. ☐

PART VIII - MARITAL AND DEPENDENCY STATUS

NOTE: Only complete this section if you have military service before January 1, 1977 (or delayed entry before January 2, 1978). See instructions.

22. ARE YOU MARRIED?

☐ YES ☐ NO

23. DO YOU HAVE ANY CHILDREN WHO ARE UNDER AGE 18, OR OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL, OR OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?

☐ YES ☐ NO

24. DO YOU HAVE A PARENT WHO IS DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?

☐ YES ☐ NO

PART IX - REMARKS

(If more space is needed, please attach a separate sheet of paper. Be sure to include your name and social security number on each sheet)

APPLICATION SUBMISSION REMINDERS

Did you remember to

- Write your social security number on each page?
- Write your complete mailing address?
- Attach all supporting documents (e.g. voided check, orders, DD214, kicker contract, NOBE, cash collection voucher, etc.)?

IF SO, PLEASE SIGN AND DATE THE APPLICATION BELOW

PART X - CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

25A. SIGNATURE OF APPLICANT (DO NOT PRINT)

25B. DATE SIGNED

INSTRUCTIONS & INFORMATION

When Should You Use This Form?

Use this form when:

- you're **changing schools**,
- you're **changing your educational, professional, vocational goal**,
- you **left your program due to unsatisfactory attendance, progress, or conduct**; and you're now **reentering the same program**, or
- you were **receiving VA education benefits as a veteran** and now wish to receive benefits while on **active military duty**.

INSTRUCTIONS FOR SPECIFIC ITEMS ON THE FORM

Most items on this form are self-explanatory. Here is additional information on certain items.

Item #4A: Here are some examples of what we mean by "goals":

- Educational goal: GED certificate, high school diploma, bachelor degree, master degree, Ph.D
- Professional goal: lawyer physician, teacher, physical therapist, medical technologist, medical records librarian
- Vocational goal: stenographer, machinist, electronic technician, X-ray technician, radio and TV service technician, automobile mechanic, practical nurse.

Items #6: Provide your dependents information **only** if you have military service **before** January 1, 1977 (or delayed entry before January 2, 1978).

Items #11A and 11B Make sure you sign and date these items. If you are currently on active duty, have your Education Service Officer sign and date Items 12A and 12B.

If You Need Help

If you need help in completing this form, you can contact us through our home page on the Internet. Our website is: www.gibill.va.gov. Click on Ask a Question and Find Answers. Or you may call us toll free at 1-888-GI-BILL-1 (1-888-442-4551.) If you're hearing impaired, call 1-800-829-4833. Please call 1-800-827-1000 if you want a VA counselor to help you in planning your program.

TO FILE THIS FORM:

(A) If you have selected a school or training establishment,

Step 1: Mail the completed form to the VA Regional Processing Office in the region of that school's or establishment's physical address: Determine the correct office from the list below.

Step 2: Notify the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to submit your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.

Step 3: Wait for VA to process your application and notify you of our decision concerning your continued eligibility for education assistance.

(B) If you have not selected a school or training establishment,

Step 1: Mail the completed form to the VA Regional Processing Office in the region of your home address. Determine the correct office from the list below.

Step 2: Wait for VA to process your application and notify you of our decision concerning your continued eligibility for educational assistance.

Eastern Region: VA Regional Office P.O. Box 4616 Buffalo, NY 14240-4616			
Serves the following states			
CT	DE	DC	ME
MD	MA	NH	NJ
NY	OH	PA	RI
VT	VA	WV	Foreign Schools
Central Region: VA Regional Office P.O. Box 66830 St. Louis, MO 63166-6830			
Serves the following states			
CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
SD	TN	WI	WY
Western Region: VA Regional Office P.O. Box 8888 Muskogee, OK 74402-8888			
Serves the following states			
AK	AR	AZ	CA
HI	ID	LA	NM
NV	OK	OR	Philippines
TX	UT	WA	
Southern Region: VA Regional Office P.O. Box 100022 Decatur, GA 30031-7022			
Serves the following states			
AL	FL	GA	MS
NC	PR	SC	US Virgin Islands

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations, section 1.526 for routine uses (e.g. VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine your continued eligibility to VA education benefits (38 U.S.C. 3471). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBIN.VA.EPA.html#VA. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.



Department of Veterans Affairs

REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

PART I - IDENTIFICATION AND PERSONAL INFORMATION

1A. NAME OF APPLICANT (First, Middle, Last)		VA DATE STAMP DO NOT WRITE IN THIS SPACE
1B. MAILING ADDRESS (Complete street address, City, State, and 9-digit ZIP Code)		
1C. APPLICANT'S TELEPHONE NUMBER (Including Area Code)		1D. VA FILE NUMBER
DAY	EVENING	
1E. APPLICANT'S E-MAIL ADDRESS		1F. SOCIAL SECURITY OF APPLICANT (For transferability cases, enter the veteran's social security number)

PART II - YOUR PROGRAM INFORMATION

2. EDUCATION BENEFIT YOU WANT TO RECEIVE (Only Select One)

A. ☐ CHAPTER 33 (Post-9/11 GI BILL) C. ☐ CHAPTER 32 (Veterans Educational Assistance Program including section 903) E. ☐ CHAPTER 1607 (Reserve Educational Assistance Program)

B. ☐ CHAPTER 30 (Montgomery GI Bill - Active Duty) D. ☐ CHAPTER 1606 (Montgomery GI Bill-Selected Reserve) F. ☐ TRANSFER OF ENTITLEMENT PROGRAM

3. HOW WILL YOU TAKE TRAINING?

A. ☐ SCHOOL ATTENDANCE D. ☐ COOPERATIVE TRAINING G. ☐ LICENSING & CERTIFICATION TEST

B. ☐ CORRESPONDENCE E. ☐ TUITION ASSISTANCE TOP-UP (Active Duty Only) H. ☐ NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT

C. ☐ APPRENTICESHIP OR ON-THE-JOB TRAINING F. ☐ FLIGHT TRAINING

4A. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD?

4B. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING?

4C. IF CHANGING SCHOOLS, GIVE NAME AND COMPLETE ADDRESS OF NEW SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND (If applicable)

4D. NAME AND COMPLETE ADDRESS OF OLD OR CURRENT SCHOOL OR TRAINING ESTABLISHMENT

4E. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT. CONTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE SHEET IF NECESSARY.

PART III - DIRECT DEPOSIT INFORMATION

5. DIRECT DEPOSIT INFORMATION (Complete this item only if you wish to start direct deposit or your direct deposit information has changed.)
Please attach a voided personal check or provide the information in items A through D below. NOTE: Direct Deposit is not available for the Post-Vietnam Era Educational Assistance Program (chapter 32) nor for section 903.

A. TYPE OF ACCOUNT
☐ CHECKING ☐ SAVINGS

B. NAME OF FINANCIAL INSTITUTION C. 9 DIGIT ROUTING OR TRANSIT NUMBER D. ACCOUNT NUMBER

PART IV - MISCELLANEOUS INFORMATION

6. INFORMATION ON DEPENDENTS (COMPLETE THIS ITEM ONLY IF YOU SERVED BEFORE JANUARY 1, 1977 (or had a delayed entry before January 2, 1978) AND YOU CURRENTLY HAVE DEPENDENTS.)

QUESTIONS	YES (✓)	NO (✓)
A. ARE YOU CURRENTLY MARRIED?		
B. DO YOU HAVE ANY CHILDREN WHO ARE:		
(1) UNDER AGE 18 OR		
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR		
(3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?		
C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?		

7. RECENT PERIODS OF SERVICE (PERIODS OF ACTIVE DUTY SINCE YOUR INITIAL PERIOD OF ACTIVE DUTY.) Please complete this section for each period of your active duty since your initial period of active duty if you have not previously reported this information. It will help VA process your claim if you attach a certified copy of "Member 4 Copy" of your DD Form 214 for **each period** of active service. (Don't report Active Duty for Training.)

A. BRANCH OF SERVICE AND RESERVE OR GUARD COMPONENT SERVING IN DURING ACTIVE DUTY	B. BEGINNING AND ENDING DATES OF ACTIVE DUTY	C. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If yes send in copies of your orders)		D. WHAT WAS THE CHARACTER OF YOUR DISCHARGE?	E. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (FEDERAL) OR TITLE 32 (STATE). (ATTACH COPIES OF ANY ORDERS)
		YES (✓)	NO (✓)		

NOTE: DO NOT INCLUDE FULL TIME ASSIGNMENT BY A SERVICE DEPARTMENT TO A CIVILIAN SCHOOL FOR A COURSE OF EDUCATION; ATTENDANCE AT A SERVICE ACADEMY; OR NON-CREDITABLE TIME (TIME LOST BECAUSE OF INDUSTRIAL OR AGRICULTURAL FURLOUGH, ARREST WITHOUT ACQUITTAL, BEING AWOL, DESERTION, SENTENCE OF COURT-MARTIAL, ETC.)

8. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT (GETA) FOR THE SAME COURSE(S) YOU WILL RECEIVE VA EDUCATION BENEFITS? (Answer only if you are a Federal Government employee)

☐ YES ☐ NO

9. ARE YOU RECEIVING OR DO YOU ANTICIPATE RECEIVING ANY MONEY (including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES." SHOW COMPLETE DETAILS IN THE REMARKS SECTION TO INCLUDE THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE APPLYING FOR THE TUITION ASSISTANCE TOP-UP BENEFIT, CHECK "NO." (Answer only if you are on Active Duty)

☐ YES ☐ NO

10. REMARKS

PART V - CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

11A. SIGNATURE OF APPLICANT (DO NOT PRINT)

11B. DATE SIGNED

SIGN HERE IN INK ►



Department of Veterans Affairs

DECLARATION OF STATUS OF DEPENDENTS

Privacy Act Information: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58 VA21/22 Compensation, Pension, Education, and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your and your dependent's SSN account information is mandatory. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 USC 5101 (c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: We need this information to determine marital status and eligibility for an additional allowance for dependents under 38 U.S.C. 1115, Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information unless a valid OMB number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/library/omb/OMBINVC.htm#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

INSTRUCTIONS: Print all answers clearly. Make sure you sign and date this form (Items 18 and 19). Note: Unless the claimant is the veteran's surviving spouse, the veteran must sign in item 18. When you have completed this form, mail it or take it to a VA regional office.

1A. FIRST - MIDDLE - LAST NAME OF VETERAN	2A. NAME OF CLAIMANT (If other than veteran)	3. FILE NUMBER
1B. VETERAN'S SOCIAL SECURITY NUMBER	2B. CLAIMANT'S SOCIAL SECURITY NUMBER	

4. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code)

5A. MARITAL STATUS (Check one) <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED	5B. IF MARRIED, SPOUSE'S DATE OF BIRTH _____ month day year
---	---

NOTE: You must furnish complete information about all your and your current spouse's previous marriages. If you or your spouse have been married more than three times, list additional marriages in Item 17, "Remarks," or attach a separate sheet.

SECTION I - VETERAN'S MARRIAGES

6. HOW MANY TIMES HAVE YOU BEEN MARRIED?

7A. DATE AND PLACE OF MARRIAGE (City/State or Country)	7B. TO WHOM MARRIED (First, middle, last name)	7C. SOCIAL SECURITY NUMBER	7D. HOW MARRIAGE TERMINATED (Death, Divorce)	7E. DATE AND PLACE TERMINATED (City/State or Country)
_____ Place: _____				
_____ Place: _____				_____ Place: _____
_____ Place: _____				_____ Place: _____

SECTION II - SPOUSE'S PREVIOUS MARRIAGES

8. HOW MANY TIMES HAS THE VETERAN'S CURRENT SPOUSE OR SURVIVING SPOUSE BEEN MARRIED?

9A. DATE AND PLACE OF MARRIAGE	9B. TO WHOM MARRIED (First, middle, last name)	9C. HOW MARRIAGE TERMINATED (Death, Divorce)	9D. DATE AND PLACE TERMINATED
_____ Place: _____			_____ Place: _____
_____ Place: _____			_____ Place: _____
_____ Place: _____			_____ Place: _____

VA FORM 21-686c
NOV 2004EXISTING STOCKS OF VA FORM 21-686a, DEC 1998,
WILL BE USED.

(Continued on Reverse)

10A. IS YOUR SPOUSE ALSO A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," answer Item 10B also. If "No," skip to Item 11.)</i>	10B. WHAT IS YOUR SPOUSE'S VA FILE NUMBER (if any)?
11. DO YOU LIVE WITH YOUR SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," skip to Item 14A. If "No," answer Items 12 and 13 also.)</i>	12. WHAT IS YOUR SPOUSE'S ADDRESS?
13. HOW MUCH DO YOU CONTRIBUTE MONTHLY TO YOUR SPOUSE'S SUPPORT? \$ _____	

SECTION III - VETERAN'S UNMARRIED CHILDREN

NOTE: If any child is claimed as "seriously disabled" (Item 14H), it must be shown that the child became permanently unable to support themselves before reaching age 18. Furnish a statement from an attending physician or other medical evidence which shows the nature and extent of the physical or mental impairment.

Note: In Items 14A through 14I, check all boxes that apply.

14A. NAME OF CHILD <i>(first, middle initial, last)</i>	14B. DATE AND PLACE OF BIRTH <i>(city, state or country)</i>	14C. SOCIAL SECURITY NUMBER	14D. BIO-LOGICAL	14E. ADOPT-ED	14F. STEP-CHILD	14G. 18-23 YRS. OLD AND IN SCHOOL	14H. SERIOUSLY DISABLED	14I. CHILD PREVIOUSLY MARRIED
	_____ <i>mo day yr</i> PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ <i>mo day yr</i> PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ <i>mo day yr</i> PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If any of the children listed above don't live with you, complete Items 16A through 16C.

16A. NAME OF CHILD <i>(first, middle initial, last)</i>	16B. CHILD'S COMPLETE ADDRESS	16C. NAME OF PERSON THE CHILD LIVES WITH <i>(if applicable)</i>

17. REMARKS

I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief.

18. SIGNATURE OF CLAIMANT 	19. DATE 	20. TELEPHONE NUMBER (S) <i>(Include Area Code)</i> <table style="width: 100%;"> <tr> <td style="width: 50%;">A. DAYTIME</td> <td style="width: 50%;">B. NIGHTTIME</td> </tr> </table>		A. DAYTIME	B. NIGHTTIME
A. DAYTIME	B. NIGHTTIME				

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

**VERIFICATION OF EMPLOYMENT DATE AND SALARY
AND HOURS WORKED PER MONTH TO DATE
VA ON-THE-JOB TRAINING/APPRENTICESHIP PROGRAM**

VETERAN'S NAME _____

SSN _____

NAME OF CURRENT JOB / POSITION _____

ESTABLISHMENT/AGENCY NAME _____

The following information should be provided/verified by the Human Resources/Personnel Office or by the Training Officer or Supervisor having access to the exact information.

1. Please provide the first date this veteran worked in the above job _____.
2. Please provide his/her salary/wage as of the above date \$ _____ / \$ _____.
Annual Hourly
3. If training included the SC Criminal Justice Academy, please indicate the start and end dates.
Start _____ End _____
4. If the above veteran has received salary adjustments (COLA, merit, etc.) since the date shown in # 1, or if an adjustment will occur in the near future and the date and exact amount are already known, please indicate as follows:
 Effective Date _____ New Salary / Wage \$ _____ / \$ _____.
 Effective Date _____ New Salary / Wage \$ _____ / \$ _____.
 Effective Date _____ New Salary / Wage \$ _____ / \$ _____.
 Effective Date _____ New Salary / Wage \$ _____ / \$ _____.
5. Please project an average % annual salary adjustment (COLA, merit) for employees at your establishment. (It is understood that this is merely a projection, and that an actual increase could be more, less, or might not occur at all.) COLA _____ % Merit _____ %.
6. Please provide the number of hours in a standard work week _____.
7. Please identify the total number of hours worked each month since the date shown in # 1 or the most recent 12 month period, whichever is less. This is the actual hours on-the-job and not hours for which compensation was received (i.e. not paid leave, military leave, etc.)

Month 1 - _____ - _____ Hours MO/YR	Month 7 - _____ - _____ Hours MO/YR	For Certifying Official / Trainer Only
Month 2 - _____ - _____ Hours MO/YR	Month 8 - _____ - _____ Hours MO/YR	
Month 3 - _____ - _____ Hours MO/YR	Month 9 - _____ - _____ Hours MO/YR	Veteran's Progress -To-Date Has Been Assessed As: <input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Month 4 - _____ - _____ Hours MO/YR	Month 10 - _____ - _____ Hours MO/YR	
Month 5 - _____ - _____ Hours MO/YR	Month 11 - _____ - _____ Hours MO/YR	
Month 6 - _____ - _____ Hours MO/YR	Month 12 - _____ - _____ Hours MO/YR	

Signature of Veteran

Signature of Employer/Trainer

Date

**SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
VETERANS EDUCATION AND TRAINING – STATE APPROVING AGENCY**

1333 Main Street, Suite 200, Columbia, SC 29201
Voice: (803) 737-2260 Fax: (803) 737-2297

**Personal Data Sheet
Veterans On-The-Job Training / Apprenticeship Programs**

Veteran Information:

Name: _____ SSN/VA #: _____

Address: _____
Street City State Zip

Phone #: _____ Date you started work in current job: _____ Starting Pay: \$ _____

Name of your *current* VA On-the-Job Training or Apprenticeship Objective: _____

Are you related to your company's owner, manager, or officers? ☐ Yes ☐ No

Do you have a financial interest in this business? ☐ Yes ☐ No

Employer Information:

Employer: _____ Phone #: _____

Address: _____
Street City State Zip

Please complete the following information about your previous education, work, and military experience:

Civilian Education:

Circle year or grade in school you last attended:

Middle School
5 6 7 8

High School
9 10 11 12

Business/Trade School
1 2 3 4

College
1 2 3 4 5

Name/location of last school attended: _____

Last year attended: _____ Diploma, Certificate, Degree received ☐ Yes ☐ No

Employment History:

Work prior to entering military:

1. Employer and Location: _____

Job Title: _____ # Months: _____

2. Employer and Location: _____

Job Title: _____ # Months: _____

Official Use Only
(Prior Credit)

Work after discharge from the military:

1. Employer and Location: _____

Job Title: _____ # Months: _____

2. Employer and Location: _____

Job Title: _____ # Months: _____

(Attach additional page if necessary)

Military Experience:

Your Branch of Service: _____

Date you entered the service: _____

Date you were discharged/retired from service: _____

Primary Service Occupation: _____ # Months: _____

Prior Use of GI Bill Benefits:

1. Name of college, vocational, or technical school: _____

Name of course/program: _____ # Months: _____

2. Name of prior VA OJT or Apprenticeship Program: _____

Name and location of business: _____

No. months on OJT/APP program: _____

For SAA Use Only:

Upon evaluation of this veteran or eligible person's prior experience(s), _____ months of prior credit have been applied toward the current OJT or Apprenticeship program. This determination was made by the SAA on _____.

I certify that the education and work experiences noted above are correct and that they accurately reflect any prior credit considered appropriate for this enrollment. ☐ Yes ☐ No ☐ N/A

Signature of Veteran

Signature of Employer/Trainer

Signature of SAA Representative

SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
STUDENT SERVICES DIVISION-STATE APPROVING AGENCY
 1333 Main Street, Suite 200, Columbia, SC 29201
 Voice: (803) 737-2260 Fax: (803) 737-2297
ON-THE-JOB TRAINING / APPRENTICESHIP AGREEMENT WORKSHEET

This agreement entered into this _____ day of _____, 20____ between:

FAC: _____

Veteran's SSN /Claim Number: _____

 Firm/Employer Name

 Veteran/Trainee Name

 Address

and

 Address

 City, State, Zip

 City, State, Zip

For and in consideration of the covenants contained herein, we do hereby mutually agree that:

1. Employer shall employ and teach the Trainee the course leading to the objective of: _____
 (Schedule of work processes (training outline) attached hereto and made part hereof.) DOT: _____
2. The Trainee shall perform diligently and faithfully the work of the trade during the period of training.
3. The training term begins the _____ day of _____, 20____ and terminates upon completion of _____ months. The trainee has been granted _____ months of credit for prior knowledge or experience, and the trainee wages have been adjusted accordingly.
4. Related training, if required, will be provided by the training establishment.
5. The trainee shall receive the following wages on the basis of a _____ hour workweek:

WAGE SCHEDULE:	
<small>Based on actual starting wage. Future increases, unless already determined, may be projected according to average prior annual increases at establishment. Future revisions will establish the actual increases as they occur. Please note that veterans may not reach Journeymen (Completion) Wage until after the end of OJT/Apprenticeship program, depending on date of establishment, COLA, or veteran's performance evaluation.</small>	
<u>Start</u> \$ _____ per _____ for _____ months, effective _____	<u>5th</u> \$ _____ per _____ for _____ months, effective _____
<u>2nd</u> \$ _____ per _____ for _____ months, effective _____	<u>6th</u> \$ _____ per _____ for _____ months, effective _____
<u>3rd</u> \$ _____ per _____ for _____ months, effective _____	<u>7th</u> \$ _____ per _____ for _____ months, effective _____
<u>4th</u> \$ _____ per _____ for _____ months, effective _____	<u>8th</u> \$ _____ per _____ for _____ months, effective _____
<u>Completion Wage</u> \$ _____ per _____, effective _____	

6. There is reasonable certainty that the job for which the trainee is trained will be available to him/her upon completion of the course.
7. Upon successful completion of training, a certificate will be issued to the trainee indicating the length and type of training provided. (The SAA will provide a suitable certificate to the employer.)
8. Either party may terminate this Agreement by written notification to the SAA and the Veterans Administration.

Signature of Employer/Trainer: _____ Title: _____

Signature of Veteran: _____

Signature of SAA Representative: _____ Date: _____

CERTIFICATE OF AUTHORIZATION TO REVIEW/RELEASE RECORDS AND STATEMENT OF RESPONSIBILITY FOR PROGRESS AND ATTENDANCE

In order to receive my educational benefits under Title 38 of the United States Code, I hereby give permission to the Department of Veterans Affairs and the South Carolina State Approving Agency to review and if necessary copy my personnel records to include pay, attendance, and employment application during a Department of Veterans Affairs or a State Approving Agency Compliance Survey/visit.

I acknowledge my responsibility for completing a monthly Attendance and Progress Report (forms provided in this package) for each month I am in enrolled in the VA On-the-Job Training/ Apprenticeship program following my initial enrollment and for submitting the forms to the Trainer/Supervisor/Certifying Official at my place of employment. I understand that my Certifying Official may request that the VA suspend my benefit checks for this program if he/she consistently fails to receive my Attendance and Progress Reports on a monthly basis. I also acknowledge that only the Certifying Official is authorized to sign VA Form 22-6553d-1.

Printed Name

Signature

Date

SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
STUDENT SERVICES DIVISION-STATE APPROVING AGENCY
1333 Main Street, Suite 200, Columbia, SC 29201
Voice: (803) 737-2260 Fax: (803) 737-2297
ON-THE-JOB TRAINING / APPRENTICESHIP AGREEMENT

Signature of Employer/Trainer: _____ Title: _____
Signature of Veteran: _____
Signature of SAA Representative: _____ Date: _____

ATTENDANCE AND PROGRESS REPORT

For the Month of April, 2002

Veteran's Name Richard W. Roe SSN: 123-45-6789 Job Objective: Police Officer DOT: 375.263-014
 Employer's Name Any City Police Department
 Street Address 1 Police Department Blvd. Normal Work Week: 40 Hrs. Current Rate of Pay: \$ 25.667 Effective Date: 18 Aug 01
 City, State, Zip Any City, SC 29201 Completion Wage per Training Agreement: \$ 27.772
 (If Current Rate Exceeds Completion Wage, Contact SAA to revise the wage scale)

Description	Date												Total Month	Tr Rg
	1	2	3	4	5	6	7	8	9	10	11	12		
Patrol Assigned Area	6.0	5.0			2.0	5.0				5.0	4.0	5.0	5.0	6.0
Department Paperwork		1.0								1.0		1.0	1.0	10.0
City Ordinances														
Traffic Enforcement	1.0	1.0			2.0					1.0	2.0	1.0	2.0	12.0
Answer Calls	2.0	2.0		1.0	2.0					2.0	2.0	2.0	2.0	33.0
Investigate Accidents		1.0			1.0					1.0				3.0
Prelim. Investigations	1.0	1.0		1.0	1.0					1.0	1.0	1.0	1.0	16.0
Evidence Procedures														
Community Service	1.0									1.0	1.0		1.0	9.0
Serve Warrants														
Prepare Reports	1.0	1.0			1.0					1.0	1.0	1.0	2.0	17.0
Continuing Education					8.0							4.0		12.0
TOTAL	12	12			12	12				12	12	12	12	192.0

I certify that the entries above are correct and that the training received is based upon the Training Agreement that supports this OJT/Apprenticeship program

Signature of Veteran _____ Date _____ Signature of Trainer/Supervisor _____ Date _____

For the Month of 20

Veteran's Name

SSN: _____ **Job Objective:** _____

Employer's Name

Normal Work Week: _____ Hrs. Current Rate of Pay: \$ _____ Effective Date: _____

Street Address

Completion Wage per Training Agreement: \$ _____
(If Current Rate Exceeds Completion Wage, Contact SAA to revise the wage scale)

City, State, Zip

[illegible]

I certify that the entries above are correct and that the training received is based upon the Training Agreement that supports this OJT/Apprenticeship program

Signature of Veteran

Date

Signature of Trainer / Supervisor

Date _____